



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1736

|   |   |                                   |   |  |                                |
|---|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/897,317  | <b>FILING DATE</b><br>07/02/2001<br><b>RULE</b>   | <b>CLASS</b><br>433               | <b>GROUP ART UNIT</b><br>3732   | <b>ATTORNEY DOCKET NO.</b><br>155036US02 |                                |
| <b>APPLICANTS</b><br>Marc Seghatol, St. Laurent, CANADA;  |   |                                   |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CON OF 09/399,580 09/20/1999 PAT 6,254,389   |   |                                   |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>CANADA 2,246,663 09/18/1998   |   |                                   |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 07/31/2001   |   |                                   |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <u>Allowance</u><br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>15                | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>24113   |   |                                   |   |  |                                |
| <b>TITLE</b><br>Hand-held microwave intra-oral dental system  |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>355   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |